Company Tracking Number: DOEAR0191801F01

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability

Product Name: Excess Directors & Officers

Project Name/Number: Excess Directors & Officers /DOEAR0191801F01

Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Excess Directors & Officers SERFF Tr Num: LDDX-125604132 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 17.1006 Directors & Officers Liability Co Tr Num: DOEAR0191801F01 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Author: SPI ORChicago Disposition Date: 04/17/2008

Date Submitted: 04/10/2008 Disposition Status: Approved

Effective Date Requested (New): 06/01/2008 Effe

Effective Date (New):
Effective Date (Renewal):

State Filing Description:

General Information

Effective Date Requested (Renewal):

Project Name: Excess Directors & Officers

Project Number: DOEAR0191801F01

Status of Filing in Domicile:

Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 04/17/2008

State Status Changed: 04/17/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company submits the following new endorsements for your approval. It will be attached to our previously approved Excess Directors & Officers policy, ORUG-87. There is no rate impact.

D7031-B (4/2008) - Application Reliance Endorsement Version B (Including Warranty) (Optional form - Clarifies coverage, no rate impact)

D7038 (3/2008) - Quota Share Endorsement

SERFF Tracking Number: LDDX-125604132 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: DOEAR0191801F01

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability

Product Name: Excess Directors & Officers

Project Name/Number: Excess Directors & Officers /DOEAR0191801F01

(Optional form - Clarifies coverage, no rate impact)

We request an effective date of June 1, 2008 or the earliest date possible.

Company and Contact

Filing Contact Information

Johnathan Hagen, State Filings Analyst jhagen@oldrepublic.com 307 N. Michigan Avenue (312) 346-8100 [Phone] Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company CoCode: 24147 State of Domicile: Pennsylvania

307 N. Michigan Avenue Group Code: 150 Company Type: Chicago , IL 60601 Group Name: State ID Number:

(312) 762-4800 ext. [Phone] FEIN Number: 25-0410420

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Old Republic Insurance Company \$50.00 04/10/2008 19426332

Company Tracking Number: DOEAR0191801F01

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability

Product Name: Excess Directors & Officers

Project Name/Number: Excess Directors & Officers /DOEAR0191801F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/17/2008	04/17/2008

SERFF Tracking Number: LDDX-125604132 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: DOEAR0191801F01

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability

Product Name: Excess Directors & Officers

Project Name/Number: Excess Directors & Officers /DOEAR0191801F01

Disposition

Disposition Date: 04/17/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125604132 State: Arkansas Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: DOEAR0191801F01

Form

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability

Product Name: Excess Directors & Officers

Project Name/Number: Excess Directors & Officers /DOEAR0191801F01

Public Access Item Type Item Name Item Status Uniform Transmittal Document-Property & Approved Yes **Supporting Document** Casualty Application Reliance Endorsement Approved Yes **Form** Version B (Including Warranty) **Quota Share Endorsement**

Approved

Yes

Company Tracking Number: DOEAR0191801F01

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability

Product Name: Excess Directors & Officers

Project Name/Number: Excess Directors & Officers /DOEAR0191801F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Application Reliance Endorsement Version B (Including Warranty)	D7031-B	(4/2008)	Endorseme New nt/Amendm ent/Conditi ons		0.00	D7031- B.PDF
Approved	Quota Share Endorsement	D7038	(3/2008)	Endorseme New nt/Amendm ent/Conditi ons		0.00	D7038.PDF



APPLICATION RELIANCE ENDORSEMENT VERSION B (Including Warranty)

It is understood and agreed that in granting coverage under this policy, the Insurer has relied upon the information and materials described below (collectively the "Application"). The Application is the basis of coverage under this policy and shall be considered as incorporated in and constituting part of this policy as if physically attached.

Application

1.	submitted by the Co with respect to unde	nd the Insured Persons ompany and the Insured rwriting the Primary Policing all information and management.	osal form which was signed and dated on behalf as of [] and which was Persons to the insurer of the Primary Policy and to the Insurer with respect to underwriting aterials attached to or incorporated into such
2.	to the Insurer with	respect to underwriting a	tted by the Company and the Insured Persons ny policy in an uninterrupted series of policies lirect or indirect renewal or replacement; and
3.	including without lim		he Company with any governmental authority, Exchange Commission, and (ii) obtained by the
4.	connection with unde	erwriting this policy, an Ur	by the Company and/or the Insured Persons in Inderlying Policy or any prior policy described in statement is attached to this policy or such prior
All other te	erms and conditions of	this policy remain unchar	nged.
	rsement is a part of the ate is shown below.	e policy and takes effect o	n the effective date of the policy, unless another
М	ust be Completed	Complete Or	aly When This Endorsement is Not Prepared with the Policy Or Is Not to be Effective with the Policy
ENDT NO.	POLICY NO.	ISSUED TO	EFFECTIVE DATE OF THIS ENDORSEMENT
D7031-B (4/2008)	Countersigne	ed by

Authorized Representative



QUOTA SHARE ENDORSEMENT

lt	is	understood	and	agreed:

it is u	nderstood and agreed:	
1.	This policy is part of a quota of the following participants:	share layer of insurance coverage for the Insureds, which consists
	<u>Insurer</u>	<u>Limit of Liability</u>
	Total Quota Share La	yer Limit of Liability: \$
	The Insurer shall be liable or Limit of Liability as set fort forth above. In no event sha	nly for such portion of any covered Loss as this policy's aggregate h above bears to the total quota share layer limit of liability as set all the Insurer be liable for an amount greater than such portion of the other insurer(s) in the quota share layer pay their respective

2. The Insurer shall separately have all of the rights granted to the Insurer under this policy and/or any Underlying Policy with respect to any Claim, including without limitation the right to consent to any defense costs, settlement or other Loss and the right to participate in the investigation, settlement or defense of any covered Claim. No other insurer shall exercise any such rights on behalf of the Insurer without the express written consent of the Insurer. In addition, the Insureds shall give any notice under this policy to the Insurer, and any notice given to any other insurer shall not constitute notice to the Insurer.

All other terms and conditions of this policy remain unchanged.

This endorsement is a part of the policy and takes effect on the effective date of the policy, unless another effective date is shown below.

Must	be Completed
ENDT NO.	POLICY NO.

Complete On	ly When This Endorsement is Not Prepared with the Policy Or Is Not to be Effective with the Policy
ISSUED TO	EFFECTIVE DATE OF THIS ENDORSEMENT

D7038 (3/2008) Page 1 of 1

Countersigned by

Authorized Representative

Company Tracking Number: DOEAR0191801F01

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability

Product Name: Excess Directors & Officers

Project Name/Number: Excess Directors & Officers /DOEAR0191801F01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125604132 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: DOEAR0191801F01

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability

Product Name: Excess Directors & Officers

Project Name/Number: Excess Directors & Officers /DOEAR0191801F01

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 04/17/2008

Property & Casualty

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Property & Casualty Transmittal Document

a. Date the filing is received:	1.	Reserved for Insurance I	Dept. 2. Insura	ance Dep	partment Us	e only			
D. Analyst:			a. Date t		s received:				
d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business		•							
e. Effective date of filing: New Business Renewal Business Ren									
New Business Renewal Busines						ing:			
Renewal Business			e. Effecti						
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3. Group Name 4. Company Name(s) Old Republic Insurance Company DOEAR0191801F01 Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number] 6. Name and address Title Johnathan Hagen 307 N. Michigan Avenue Chicago IL 60601 7. Signature of authorized filer Please print name (sub-TOI) Type of Insurance (TOI) Reference Filing Type Rate/Loss Cost Rules Forms Rates/Rules/Form Withdrawal Type (Sof1/08 Renewal: 06/01/08 Renewal: 06/01/08 Renewal: 06/01/08 Reference Organization (if applicable) N/A Reference Organization (if applicable) Reference Organization (if applicable) Reference Organization (if applicable) N/A Reference Organization (if applicable) N/A Reference Organization (if applicable) N/A Reference Organization # & Title N/A									
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Johnathan Hagen 307 N. Michigan Avenue Chicago IL 60601	6.	Name and address	Title	Tele	phone #s	FAX	#		e-mail
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PC TD-1 pg 1 of 2

INS02026

Property & Casualty Transmittal Document

	20.	This filing transmittal is part of Company Tracking #	DOEAR0191801F01
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Old Republic Insurance Company submits the following new endorsements for your approval. It will be attached to our previously approved Excess Directors & Officers policy, ORUG-87. There is no rate impact.

D7031-B (4/2008) - Application Reliance Endorsement Version B (Including Warranty) (Optional form - Clarifies coverage, no rate impact)

D7038 (3/2008) - Quota Share Endorsement (Optional form - Clarifies coverage, no rate impact)

We request an effective date of June 1, 2008 or the earliest date possible.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.)
	[If a state requires you to show how you calculated your filing fees, place that calculation below]
	Charlette
	Check #:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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Amount:

^{***}Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)